BLE-LTER Undergraduate Research Experience application 2023

To apply and for any questions regarding this application, please write: Mathea H Kurtz-Shaw (mathea.kurtz-shaw@utmail.utexas.edu).

Application Deadline: May 5, 2024

PERSONAL INFORMATION & DEMOGRAPHICS

First Name**\***

Middle Name or Initial**\***

Last Name**\***

Gender**\***

Date of Birth (mm/dd/yyyy)**\***

Email address**\***

Cell Phone Number (XXX-XXX-XXXX)**\***

Home Phone Number (XXX-XXX-XXXX)**\***

**I am a (select one)\***

|  |
| --- |
| U.S. citizen |
| U.S. legal resident (green card holder) |
| None of the above |

**Answering the questions below about race and ethnicity is optional. Information collected, however, will be used for important statistics. Your cooperation is highly appreciated.**

**Race (select all that apply)**

|  |
| --- |
| More than one race |
| American Indian or Alaska Native |
| Asian |
| Black or African American |
| Native Hawaiian or other Pacific Islander |
| White |

**Ethnicity (select one)**

|  |
| --- |
| Hispanic or Latino |
| Not Hispanic or Latino |

ADDRESS DURING ACADEMIC YEAR

Institution and/or Dormitory (if applicable)**\***

Address (Number and Street)**\***

Address Line 2**\***

Unit or Apartment number**\***

City**\***

State**\***

Zip Code**\***

PERMANENT HOME ADDRESS (if different from above)

Address (Number and Street)**\***

Address Line 2**\***

Address Line 3**\***

City**\***

State**\***

Zip Code**\***

ACADEMIC INFORMATION

College or University Currently Attending**\***

City**\***

State**\***

Academic Major**\***

If other, please specify**\***

Minor (if none type NA)**\***

GPA as of Fall 2022**\***

I am a (select one)**\***

Expected date of graduation (mm/yy)**\***

PREVIOUS RESEARCH EXPERIENCE

Do you have any prior research experience? (other than laboratory course work)**\***

**If yes, briefly describe your research experience in the space below (250 words or less).**Be sure to include the following:
1. Name of the school and department where the research took place
2. Name of the advisor/mentor who supervised (or is supervising) your research
3. Title of the project you were (or are) involved
4. Length of time you were (or have been) involved in the project
5. A brief description of the project

MISC INFORMATION AND REQUIREMENTS

Although not requested at this time, to be accepted into the program, applicants must provide proof of health insurance covering the period of the program. **Please initial here that you have understood this requirement:** 

Please provide a copy of your transcripts (Unofficial is OK) to the contact person for this application. **Please initial here that you have understood this requirement:\***

**Which of the following best describes your plans after graduation with a bachelor’s degree? (Select one) \***

|  |
| --- |
| Graduate School Bound |
| Professional School Bound |
| Teaching Bound (Elementary, Middle, High School) |
| Workforce bound (other than teaching) |

LETTERS OF RECOMMENDATION

**Please provide the names of two professors whom we may contact for a letter of reference.**

***Reference 1***

Name**\***

Institution**\***

Department**\***

Phone Number (XXX-XXX-XXXX)**\***

Extension (if any) **\***

Email address**\***

***Reference 2***

Name**\***

Institution**\***

Department**\***

Phone Number (XXX-XXX-XXXX)**\***

Extension (if any)**\***

Email address**\***

PERSONAL STATEMENT

**Please provide a personal statement in the space below (500 words or less). This statement should summarize:**

* The motivation/rationale for your desire to participate in the BLE-LTER (see <https://ble.lternet.edu/> for information about the research being performed)
* Prior academic courses and/or professional experience that prepared you for this program.
* The expected impact of this research experience on your future academic and career plans.

**Please initial here that you** affirm that, to the best of your knowledge, the information contained in this application is true, accurate and complete.**\***